

Berwick Area High School Gifted Education Program  
Job Shadow Experience

LOG OF HOURS - WITH HOST / MENTOR VERIFICATION

<b>D A T E of visit</b>	<b>Time IN Time OUT</b>	<b>LENGTH of visit in HOURS</b>	<b>S U M M A R Y or P U R P O S E of visit</b>	<b>HOST / MENTOR SIGNATURE</b>
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

STUDENT NAME\_\_\_\_\_

☐ = JS/ISP Student to complete journal entry about visit

(sheet \_\_\_\_ of \_\_\_\_)